

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215512758					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Zero-G Weightless Flights Corporation (USED IN VABY: Zero-Gravity Corporation)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MD</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2015</p> <p>SCC ID NO: F1821612</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,500,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	2,500,000	
CLASS	AUTHORIZED						
COMMON	2,500,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200</p> <p style="text-align: center;">CITY/ST/ZIP: ARLINGTON, VA 22203</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TERESE BREWSTER TITLE: PRESIDENT ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: TERESE BREWSTER TITLE: PRESIDENT ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TERESE BREWSTER TITLE: PRESIDENT ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ERIC C ANDERSON TITLE: EXECUTIVE CHAIR ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: ERIC C ANDERSON TITLE: EXECUTIVE CHAIR ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ERIC C ANDERSON TITLE: EXECUTIVE CHAIR ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL HENKE TITLE: SECRETARY ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: MICHAEL HENKE TITLE: SECRETARY ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MICHAEL HENKE TITLE: SECRETARY ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BYRON LICHTENBERG TITLE: CTO ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: BYRON LICHTENBERG TITLE: CTO ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: BYRON LICHTENBERG TITLE: CTO ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KARLYN RADER TITLE: CFO ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: KARLYN RADER TITLE: CFO ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: KARLYN RADER TITLE: CFO ADDRESS: 4601 N. FAIRFAX DRIVE SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER DIAMANDIS DIRECTOR 4601 N. FAIRFAX DRIVE SUITE 1200 ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIGUEL FORBES DIRECTOR 4601 N. FAIRFAX DRIVE SUITE 1200 ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD GARRIOTT DIRECTOR 4601 N. FAIRFAX DRIVE SUITE 1200 ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOBY JACKSON DIRECTOR 4601 N. FAIRFAX DRIVE SUITE 1200 ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW LAMPER DIRECTOR 4601 N. FAIRFAX DRIVE SUITE 1200 ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL MCDOWELL DIRECTOR 4601 N. FAIRFAX DRIVE SUITE 1200 ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT WALKER DIRECTOR 4601 N. FAIRFAX DRIVE SUITE 1200 ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KARLYN RADER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KARLYN RADER, CFO PRINTED NAME AND CORPORATE TITLE	4/1/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			